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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of <u>Rice</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>"</u>	State Index No. <u>114</u>		
or	County Registrar No. <u>47</u>		
City of <u>"</u>	Local Registrar No. <u>"</u>		
No. <u>"</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Mabel Fish</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>"</u>	5. Legitimate? <u>yes</u>
6. No., in order of birth <u>1</u>		7. Date of birth <u>1</u> <u>5</u> / <u>24</u> Month day year	
3. FATHER		14. MOTHER	
Full name <u>Roger Fish</u>		Full maiden name <u>Euna Bender</u>	
9. Residence (Usual place of abode) <u>Rice, Ariz</u>		15. Residence (Usual place of abode) <u>Rice, Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) <u>Rice Ariz</u>		18. Birthplace (city or place) <u>Rice Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>"</u>			
21. Were precautions taken against ophthalmia neonatorum? <u>no</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>X</u> attended the birth of this child, who was <u>Born alive</u> at <u>8 a</u> m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>E. H. Sawyer M.D.</u>		Address <u>San Carlos Ariz</u>	
Month, day, year. <u>2/6</u>		Filed <u>19</u> <u>24</u>	
Registrar. <u>B. J. S. J. A.</u>		County Registrar.	

468-105-225